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ONB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Hawaii

INCOME AND BLIGIBILITY VERIFICATION SYSTEM PROCEDURES REQUESTS TO OTHER STATE AGENCIES

Any additional income, resource, or eligibility information concerning STATE applicants and recipients is routinely requested and verified from agencies within STATE and other States administering the programs described in 42 C.F.R. 435.948(a)(6).

Maria

TN No. 8673 Supersedes TN No. 82-2

Approval Date FEB 6 1987

Effective Date

HCFA ID: 0123P/0002P